CLAIMS ONLY

Application Number	Filing Date
09/807485	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT											
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18	1						68									
19		1					69									
20		1					70									
21		1					71									
22		1					72									
23		1					73									
24		1					74									
25		1					75									
26		1					76									
27		1					77									
28	1						78									
29		1					79									
30		1					80									
31		1					81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
Total Indep	2						Total Indep									
Total Depend	13						Total Depend									
Total Claims	15						Total Claims									